PTO/SB/01 (10-00)

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DEC	CLARATION		Attorney Do	ocket Number	CDS 5021		
AND POWER OF ATTORNEY			First Named Inventor Merrit Jacobs				
	LITY OR DESIGN	1	COMPLETE IF KNOWN				
	T APPLICATION T CFR 1.63)  th Declaration Subinitial Filing (Succession (Subinitial Filing (Succession (Subinitial Filing (Succession (Subinitial Filing (Succession (Subinitial Filing	urcharge	Application				
Declaration Submitted wit Initial Filing			Filing Date		October 14, 2003		
			Group Art U	Init			
			Examiner N	ame			
As a below named invento	or, I hereby declare tha	.t:					
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
MOVING EVAPORATION CONTROL COVER							
	(	(Title of the In	nvention)				
the specification of which is attached hereto							
OR							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign F (MM/DD		Priority Not Claimed	Certified Copy d Attached? YES NO		
Additional foreign applic	cation numbers are lister	d on a supple	mental priorit	y data sheet P7	TO/SB/02B attached hereto:		

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.	C. 119(e) of any United States provisional	application(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)						
		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the henefit under Title 35 L	Inited States Code, \$120 of any United State						
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
		Patented Patented Patented					
I hereby appoint:							
Practitioners at Customer Number	Place Customer Number Bar Code Label Here						
Practitioner(s) named below:  Name  Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Todd J. Burns at t	elephone number (732) 524-1496.						
Customer Number  Direct all correspondence to:							
Name:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone:	Fax:					

I hereby declare that all statements metall information and belief are believed to that willful false statements and the like U.S.C. 1001 and that such willful false issued thereon.	be true; and further lke so made are pun	r that these in nishable by f	statements v	were made with the knowledge sonment, or both, under 18		
NAME OF SOLE OR FIRST INVENTOR:	ПАр	etition has been filed for this unsigned inventor				
Given Name (first and middle [if any])Merrit		Family Name or Surname Jacobs				
Inventor's Signature			Date			
Residence: City Fairport	State NY	co	ountry USA	<b>Citizenship</b> USA		
Mailing Address 3 Foxboro Terrace		<u>-</u>				
City Fairport	State NY		<b>2</b> 14450	Country USA		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SECOND INVENTOR:	☐ A pe	etition has bee	n filed for this ι	unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		<del></del>	Date			
Residence: City	State	Co	untry	Citizenship		
Mailing Address		·····				
City	State	ZIP		Country		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF THIRD INVENTOR:	☐ A pe	tition has beer	n filed for this u	insigned inventor		
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature		<del></del>	Date			
Residence: City	State	Cou	untry	Citizenship		
Mailing Address	1					
City	State	7IP		Country		